



TOWN OF FENWICK ISLAND
SPONSORED DSWA CURBSIDE RECYCLING
SIGN-UP FORM

Name: _____

FI Street Address: _____

City, State, Zip: Fenwick Island, DE 19944

Home Phone # _____

Date pick-up service should start? _____

Permanent Resident (Year-Round): ☐ Yes ☐ No

Do you currently recycle: ☐ Yes ☐ No



Signature _____

Date _____

Mail to: 800 Coastal Highway, Fenwick Island, DE 19944

Fax to: 1-302-539-1305

Email to: fenwickisland19944@fenwickisland.org